

Dear Chairman Murphy, Vice-chairman Sales and members of the Senate Judiciary Committee

My name is Christina Hayden and I reside in Butte.

In 1981, I attended my father, a physician, in the University of Minnesota Hospital while he was recovering from complications of a kidney transplant. I slept on the floor of his room for a month. At one point he wanted to die. I was there to encourage him, to defend his life.

Six years later he returned to that hospital when he was dying. My sister, a nurse, wanted morphine ordered to kill him, but I was able to talk her out of her resentments, and wait for our other 8 brothers and sisters to be present when he died.

In 1980, I was working as a nurses aid in a nursing home in Red Lodge, and witnessed a doctor-ordered euthanasia by starvation and dehydration of a woman I cared for who had no family. I regret to this day that I did not protest or call the police.

In 1983, I went with my husband to visit his grandfather in a nursing home. He was very agitated and expressing fear of his daughter, but was not able to talk. My mother-in-law was there and asked us to leave the room, as she had ordered a nurse to give him morphine, shortly after which he died. Before receiving a substantial inheritance, she divorced my father-in-law.

Physician-assisted suicide has been sanitized with language of physician-prescribed medication with which his patient (or one coercing the patient), may end his life, without witnesses to his death.

Permitting physician-assisted suicide would enable a family member or anyone to coerce another person vulnerable to despair and hopelessness. Once coerced, there may be little or no willingness of the affected person even to resist threats to comply with wishes of any person intent on their death, for whatever that person may stand to gain. With the collaboration of a witness sympathetic to the coercion, such a person isolated from protective, supportive family members, might not have the will to resist signing a document requesting lethal drugs, nor ingesting such drugs. Lethal drugs are not "medication". Medicine heals, or if healing is not possible, it eases the pain and suffering until death. The greatest suffering in dying is, dying alone, abandoned. Who have we become to offer lethal drugs instead of our love and care.

Even without coercion, any request to die ought to elicit a response of persevering and authentic "com-passion", as family and community members, medical and mental health professionals commit to "suffering with" anyone pressed down by the burdens of life, to hold them and inspire hope and a renewed will to live until death comes naturally. If our people are despairing of making such a response, then very powerful "medicine" is necessary for those who no longer have the will to care for others who have lost the desire to even hope for such care.

My grand mother died naturally in my home in Bozeman after living with my family for 4 years. My brother died of Lou Gehrig's disease in my sisters home in Spokane. Natural death is natural to family life. It takes a family to die naturally, a supporting community when the family is weak.

Please vote "NO" on SB 0220.

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